



ALASKA WIC PROGRAM VENDOR APPLICATION

Instructions for completing this
form may be found on page 4.



Store name:		
Physical address:		
Mailing address:		
City:	State: Alaska	Zip:
Telephone:	Fax:	
Owner:	Manager:	
Email:	Federal Tax ID (FEIN):	
If store is part of a chain, please provide the following:		
Corporation Name:		
District Manager:	Phone:	Fax:
Mailing address:		
Email:		
Type of store: <i>(check one)</i>		
<input type="checkbox"/> Supercenter <input type="checkbox"/> National/Regional Chain Supermarket <input type="checkbox"/> Large Independent Supermarket <input type="checkbox"/> Small Independent Supermarket	<input type="checkbox"/> Military Commissary <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other _____	
Hours of business: (the minimum requirement is 8 hours per day/6 days per week)		
Monday _____ a.m. to _____ p.m.	Friday _____ a.m. to _____ p.m.	
Tuesday _____ a.m. to _____ p.m.	Saturday _____ a.m. to _____ p.m.	
Wednesday _____ a.m. to _____ p.m.	Sunday _____ a.m. to _____ p.m.	
Thursday _____ a.m. to _____ p.m.		

Store history:

Date store began operating at this site: (mm/year) _____

Has the store operated under a different name? Yes ____ No ____

If yes, please provide the name/dates of operation: _____

Has this store previously been authorized as a vendor by the Alaska WIC Program? Yes ____ No ____

If yes, provide the year(s) _____ Reason for termination: _____

Do you expect to earn more than 50 percent of store's income from WIC sales? Yes ____ No ____

Avg annual sales: Food \$ _____ + Non-food \$ _____ = Gross sales \$ _____

SNAP Authorization *(skip this section if applying as a pharmacy)*

To be eligible for authorization as a WIC vendor, the store must be an authorized Supplemental Nutrition Assistance Program (SNAP - Food Stamps) vendor. Please provide the following:

1) Your current SNAP Authorization Number _____

2) A copy of your current SNAP Authorization Certificate

3) What percentage of total monthly sales is from SNAP? _____ %

4) Store's average monthly SNAP volume (in dollars) \$ _____

5) Has this store ever been suspended or disqualified from SNAP? Yes ____ No ____

If yes, please attach a statement with the relevant dates and reason(s).

Store description: *(skip this section if applying as a pharmacy)*

Total store size: _____ sq. feet Grocery section: _____ sq. feet
(not including storage areas)

Number of checkout lanes: _____

Number of checkout lanes for: scan items for purchase _____ accept EBT or debit cards _____

Can your POS system perform split-tender transactions? Yes ____ No ____

The store is a full service store with at least 3 brands or varieties of most grocery items, including meat, dairy, produce (fresh, frozen, and canned), and dry goods. Yes ____ No ____

The store is a convenience-type store with limited inventory and brands. Yes ____ No ____

The store has: *(check all that apply)*

In-store bakery _____

Fresh produce _____

Frozen foods _____

Soup/salad bar _____

Delicatessen _____

Pharmacy _____

Fresh meat dept. _____

Dry goods _____

Household items/gifts _____

Store Suppliers:

Provide the name(s) of the store's primary wholesaler(s) _____

Provide the name of the store's infant formula supplier _____

Provide the names of additional store suppliers _____

Food items are delivered to the store by the following means: *(check all that apply)*

Barge _____

Air freight _____

Truck _____

Float plane/small aircraft _____

By-pass mail _____

Hovercraft _____

Landing craft _____

Other (describe) _____

WIC Cashier training:

Training is provided by: *(check all that apply)*

Video _____

CD/DVD _____

Online/Webinar _____

Teleconference _____

In person _____

Business integrity:

Have any of the current owners, officers, or managers of the store been convicted of or had a civil judgment against them during the past six years for: *(check all that apply & attach explanation)*

Fraud _____

Falsification of records _____

Antitrust violations _____

Making false statements _____

Embezzlement _____

Receiving stolen property _____

Theft _____

Making false claims _____

Forgery _____

Obstruction of justice _____

Bribery _____

STATEMENT OF APPLICATION: The vendor named on this application is applying for authorization to participate in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) Program administered by the State of Alaska, Department of Health and Social Services. The vendor asserts that it is a full service retail grocery store and/or pharmacy in a fixed and permanent location. The vendor asserts that it and its employees will comply with WIC Program regulations, policies, and procedures, including, but not limited to:

1. maintaining the required minimum inventory of WIC foods at all times;
2. attending vendor training or education sessions;
3. training store employees in WIC Program rules and procedures;
4. submitting accurate prices for WIC foods to the WIC Program when requested;
5. being monitored for program compliance;
6. purchasing infant formula only from sources authorized by the WIC Program;
7. providing copies of inventory, purchases, and sales records as requested;

(continued on next page)

The undersigned asserts that:

1. all information on this application and (for a new applicant only) Price Survey is true and s/he understands that false information may result in denial or withdrawal of authorization to participate in the WIC Program;
2. s/he is either the sole owner of the firm or s/he has the authority to enter into agreements on behalf of the firm;
3. s/he understands that this application is only a request for authorization and NOT a Vendor Agreement, and that no WIC checks may be accepted or claims for payment submitted by the store until it has signed a Vendor Agreement with and has been notified by the Alaska WIC Program that it is authorized to redeem WIC warrants.

Signature _____

Date _____

Print Name _____

Title _____

Instructions for completing application:

1. Please provide all information requested on this application. Incomplete applications will be returned to vendor.
2. Responses that are printed legibly will speed Vendor Unit review.
3. Provide any additional information in writing on a separate sheet of paper.
4. If you are a new vendor (not authorized as of September 15, 2015), you must provide a completed Price Survey with this application.
5. Make a copy of the completed, signed application and the Price Survey (if a new vendor) and keep it for your records.
6. Send the completed, signed application and any attachments to:
Alaska WIC Program - Vendor Unit
AK Dept. of Health & Social Services
PO Box 110612
Juneau, AK 99801

Applications are reviewed according to the date they are received; review can take up to 10 business days. New vendor applications will take longer, and a new vendor authorization also requires a site visit/store inspection and onsite training by state or local agency WIC staff.

Questions? Visit the WIC website:

<http://dhss.alaska.gov/dpa/Pages/nutri/wic/vendors/default.aspx>

or call the WIC Program office at (907) 465-3100.